## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000003690

FILED Jan 13, 2009 Secretary of State

Entity Name: GHS BAND & GUARD BOOSTERS, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O GAINESVILLE HIGH SCHOOL 1900 NW 13TH STREET GAINESVILLE, FL 32609 **New Mailing Address: Current Mailing Address:** C/O GAINESVILLE HIGH SCHOOL 1900 NW 13TH STREET GAINESVILLE, FL 32609 FEI Number: 59-3388687 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SICKON, MARY ANN SHUTTERLY, RICHARD POB4 1900 NW 13TH STREET GAINESVILLE, FL 32609 US MICANOPY, FL 32667 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: RICHARD SHUTTERLY 01/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LEWIS, JUDY MS Name: Name: 3611 NW 23RD PLACE Address: Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CLARK, SUZANNE MS Name: Address: 4042 SW 69TH AVENUE Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition VLOEDMAN, BEVERLY MS Name: WOOD, BETH MS Name: 2526 NW 26TH PLACE Address: Address: 6302 SW 35TH WAY City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32609 Title: PD ( ) Delete Title: () Change () Addition Name: SHUTTERLY, RICHARD Name: Address: POB 4 Address: City-St-Zip: MICANOPY, FL 32667 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY S. LEWIS TD 01/13/2009